



YOUTH SERVICES
DEPARTMENT OF CORRECTIONS

STEVE GIBSON, DIVISION ADMINISTRATOR

STATE OF MONTANA

Insert your field office address (both mailing and street)

Date

Addressee and Address

Re:

To Whom It May Concern:

Please have _____ sign and date this letter indicating receipt of the Summary of Waiver / Summary of Hearing. After _____ has signed and dated this letter, please return the letter to me.

If you have any questions, you can contact me at _____.

Sincerely,

Youth Services Division
Department of Corrections



I, _____, acknowledge that I received the Summary of Waiver / Hearing.

Youth's Name

Date Signed